

Interim Local Health Department and School District Guidance for Increasing and Decreasing Intensity of In Person Instruction in Michigan School Districts
September 16, 2020 Version

Purpose: This guidance provides support to local health departments in advising school districts of public health risk while making decisions about opening/reopening schools. It is essential to create conditions that enable in person instruction whenever possible as schools contribute to children's growth and well-being by providing educational instruction; supporting the development of social and emotional skills; creating a safe environment for learning; addressing nutritional needs; and facilitating physical activity.

Step One Local Health Department and School District assess what learning modalities are allowed based on the official Phases in the Mi Safe Start Plan at the Michigan Economic Recovery Region level (see michigan.gov/coronavirus). If a school district overlaps two MERC regions, follow region with lowest Phase level. Depending on the status of MI Safe Schools, there are three scenarios for school opening in fall 2020:

MERC REGION Phase 5: Schools open for in-person instruction with moderate required safety protocol:
MERC REGION Phase 4: Schools open for in-person instruction with more stringent required safety protocol:
MERC REGION Phase 1-3: Schools do not open for in-person instruction and instruction is provided remotely

Step Two Local Health Department identifies the County Level Risk Determination using the County Risk Indicator and other epidemiologic data on the local health department portal at MiSafeMap.info. (The County Level Risk Determination on the MiSafeMap dashboard includes a break down for the City of Detroit and the Wayne County Health Department.)

County Risk Determination Level: For school planning, epidemiologic risk is determined at the county level rather than the Michigan Economic Recovery Council Labor Shed Region as schools tend to draw pupils and staff from surrounding community. County epidemiologic indicators are based on 1) cases per million people over the last seven days, including lab confirmed and probable cases of COVID-19 but excluding cases occurring among inmates from Correctional facilities in the community and 2) percent of all diagnostic tests that were positive each day, excluding testing occurring in Correctional facilities.

- Low risk: <7 COVID-19 cases per million people in county or <3% percent diagnostic tests are positive
- Medium risk: 7 to <20 COVID-19 cases per million people in the county or 3 to <7% percent diagnostic tests are positive
- Medium-High risk: 20 to <40 COVID-19 cases per million people in the county or 7 to <10 percent diagnostic tests are positive
- High risk: 40 to <70 COVID-19 cases per million people in the county or 10 to <15 percent diagnostic tests are positive
- Very High risk: 70 to <150 COVID-19 cases per million people in the county or 15 to <20 percent diagnostic tests are positive
- Highest risk: 150 or more cases per million people in the county or 20 or greater percent diagnostic tests are positive

If there is a discordance in the risk level based on cases per million or the percent positivity, the higher risk level should be considered.

Decreasing trends in cases per million people or percent of tests that are positive are assessed in the County Risk Determination on a two week intervals, provided that testing levels in the MERC Region are stable and average over 1515 tests per million people.

Increasing trends in cases per million residents in a county can be identified on the MiSafeMap.info private portal using the 3 day case surge indicator. This flag appears when there have been three consecutive days of 10 percent increase in cases per million people. Increasing trend can also be assessed using the case trend if 5 days of sustained increase in the number of average cases per million people in the county. These increases should be assessed by the local public health official in the context of the outbreaks in the community.

The local public health official can rely on the County Risk Indicator for purposes of school planning, and may also use professional judgement to take into account other measures of epidemiologic risks in their community, including

- the percent of cases in the county that are associated with an outbreak
- the number of deaths among county residents (MiSafeMap.info local health portal)
- the proportion of emergency department visits for coronavirus like symptoms for the MERC region (Syndromic Surveillance data on MiSafeMap.info local health portal)
- COVID hospitalization rates for the MERC region (coming soon on MiSafeMap.info local health portal)

Step Three Using available data on cases in the community and the association with school buildings, the local public health department should work with each school district to determine which column of the chart below their district is in.

The local public health department can make use of case investigation and contact tracing data to assess if buildings in their district have known cases among staff or students in the past 14 days and if the building has evidence of ongoing transmission.

Ongoing transmission in a building is defined as multiple cases (3 or more) among students or staff with onsets within a 14-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing (see <https://preparedness.cste.org/wp-content/uploads/2020/08/Educational-Outbreak-Definition.pdf> for more information). Schools should be tracking how and where students and staff are moving throughout the building and who they are interacting with. Consideration should be given as to whether cases within the school building that occur within 14 days of each other actually had contact with one another.

Step Four The school district should work to adjust educational methodology based on the recommendation in the intersecting cell(s) for row (County Level Epidemiologic Risk) and columns (school building and district spread indicators).

		School Building and District Spread Indicators (A)		
		No cases in school buildings	Building(s) with known cases (C) in staff or students but no ongoing transmission	Building(s) with evidence of ongoing transmission (C)
County Level Risk Determination (B)	Low	In person with mitigation measures	In person with strict mitigation measures after cleaning/contact tracing (D)	In person with strict mitigation in affected buildings with cases after an appropriate pause (E)
	Medium	In person with strict mitigation measures	In person with strict mitigation measures after cleaning/contact tracing (D)	In person with strict mitigation in affected buildings with cases after an appropriate pause (E)
	Medium-High	In person with strict mitigation measures	In person with strict mitigation measures after cleaning/contact tracing (D)	Consider reduced density in affected buildings with cases after an appropriate pause (E)
	High	In person with strict mitigation measures. Discuss additional innovative mitigation strategies with the local health department.	Consider reduced density in affected buildings after cleaning/contact tracing (D). Discuss additional innovative mitigation strategies with the local health department.	Consider reduced density in affected buildings with cases after an appropriate pause (E). Discuss additional innovative mitigation strategies with the local health department.
	Very High	Consider reduced density with strict mitigation measures. Discuss additional innovative mitigation strategies with the local health department.	Consider reduced density in affected buildings after cleaning/contact tracing (D). Discuss additional innovative mitigation strategies with the local health department.	Consider remote instruction in the affected building(s) for twenty eight days.
	Highest	Consider appropriate pause (14 days) of in person instruction in entire district to discuss additional strategies for protecting student and staff, including but not limited to testing strategies	Consider remote instruction in entire district	Consider remote instruction in entire district

(A) The guidance in these columns is for consideration by the local health official and school superintendent. School district may take into account operational factors, such as staff and student absenteeism, to make decisions about level of instruction.

(B) The epidemiologic risk level indicator from MiSafeMap.info is the default County Level Risk Determination as described in Step 2 above.

(C) Work with local health department on contact tracing; appropriate closure for cleaning and disinfection

(D) Work with local health department to consider short suspension of in person instruction (2-5 days) in the building or affected portion of building to ensure contact tracing and determine if ongoing transmission. Review mitigation measures and strengthen if any gaps in implementation are identified.

(E) Work with local health department to consider up to a 14-day suspension of in-person instruction in building or affected portion of building to break transmission. Review mitigation measures and, address gaps in implementation and strengthen mitigation measures where possible.

Mitigation measures: include required measures for Mi Safe Schools: Michigan's 2020-21 Return to School Roadmap. Strict Mitigation measures include all required/strongly recommended/recommended measures in the Return to School Roadmap, including universal use of cloth face coverings for age four years and older. Cloth facial coverings should be considered and encouraged for children ages 2-3 years. Other innovative approaches to risk reduction may be considered from sources such as the Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>) or Resolve to Save Lives (https://preventepidemics.org/wp-content/uploads/2020/06/Reopening-Americas-Schools_07-08-2020-Final.pdf).

Reduced density: hybrid instruction approach of some in person and some remote learning to ensure social distancing and learning are both possible.

Note: At high level of community transmission, individual buildings become early indicators of future spread and their status impacts the rest of the district.